

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



September 10, 1993

ALL-COUNTY LETTER NO. 93-68

TO: ALL COUNTY WELFARE DIRECTORS

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☒ Court Order
- ☐ Clarification Requested by One or More Counties
- ☐ Initiated by CDSS

SUBJECT: PETRIN V. CARLSON

REFERENCES MPP 44-207.4

BACKGROUND

The purpose of this letter is to provide County Welfare Departments (CWDs) with instructions and materials for implementing the requirements of the Petrin v. Carlson Court Order (Superior Court for the County of San Diego, Case #638381, Attachment 7).

On May 12, 1993, the court approved a Stipulation for Judgement which specified that the intent of MPP 44-207.4 is to allow the reduction of a lump sum period of ineligibility (POI) for these additional expenses:

- (1) Expenses incurred as a result of reasonable and necessary funeral expenses for any person with a degree of relatedness as specified in MPP 82-808.11 who resided with the assistance unit within 90 days of such person's death.
- (2) Situations where the lump sum becomes unavailable due to sudden and unusual circumstances beyond the control of the assistance unit which are not necessarily of a life threatening nature.

Materials included as attachments to this letter are:

- (1) An Informing Notice (Temp 2050)

- (2) A Claim form (Temp 2049)
- (3) An Approval Notice of Action (NOA) message (Petrin at)
- (4) A Denial NOA message (Petrin bt)
- (5) A Denial/Request for Information NOA (Petrin ct)
- (6) A Statistical Reporting form (Gen 1172 [Petrin])
- (7) A copy of the Petrin v. Carlson Court Order

Posters and translations of the forms and notices will follow under a separate cover letter.

RETROACTIVE RELIEF

CWDs will attempt to notice potential class members who were terminated from the AFDC program due to the establishment of a POI based on the receipt of a lump sum from May 31, 1989 through the date of the implementation of these instructions. To accomplish this the CWDs will do the following:

(1) If the CWD has the ability to identify persons, who were terminated from the AFDC program due to the receipt of a lump sum or were assessed an overpayment due to a lump sum, using existing computer systems, it will mail an Informing Notice (IN) (Temp 2050) by the start of the claim period no later than November 1, 1993, to these persons. If the CWD does not have the ability to locate these potential class members through an existing computer record, the CWD is not required to do a case-by-case search.

(2) All CWDs will be required to display posters (Temp 2051) for the 90-day claim period starting no later than November 1, 1993. Posters will also be provided for display in Food Stamp outlets. CWDs will transmit the appropriate number of posters to the outlets. CWDs will be sent the posters under a separate cover letter.

Upon the receipt of a claim, the CWD shall determine if the claimant had inquired about or requested a shortening of the POI. If the claimant made a request or had asked about a reduction of the POI, the CWD is to evaluate the claim under the policy in the Petrin Court Order.

The CWD is to deny the claim using the NOA (Petrin bt) where there is no evidence that the claimant either asked about

or requested a shortening of the POI. The absence of documentation in the claimant's AFDC file will create a rebuttable presumption that the claimant is not eligible for retroactive benefits.

The CWD is also to deny any claim using the NOA (Petrin bt) where it determines that the reduction of the POI was granted in its entirety. The CWD shall deny all claims filed after the end of the claim period unless it determines that good cause exists for the late filing as specified in MPP 40-181.233.

CWDs are to make a determination of eligibility for a retroactive payment within 60 days of receiving a completed claim. Upon completion of the determination, CWDs are to issue a NOA without delay. If the CWD receives an incomplete claim, the CWD shall send the claimant a NOA (Petrin ct) requesting the missing information within 30 days. The claimant has 30 days to provide the requested information. If the claimant does not provide the information within 30 days, the claim will be denied using the NOA (Petrin bt).

When the CWD grants the claim, the CWD is to mail the claimant the underpayment with the NOA (Petrin at) no later than the last day of the month following the month in which the claim was determined to be eligible.

When a CWD receives a claim for which it is not responsible and another CWD is identified by the claimant, the receiving CWD is to deny the claim and forward it to the responsible CWD within 30 days of discovery.

FOOD STAMPS

For the purposes of the Food Stamp Program, any retroactive payments made to Food Stamp households pursuant to this Court Order will be considered nonrecurring lump sum payments and, as such, will be excluded from income [MPP 63-502.2(j)]. These payments will be excluded from resources for categorically eligible Food Stamp households as long as they remain eligible for AFDC (MPP 63-501.3 (o)).

STATISTICAL REPORTING

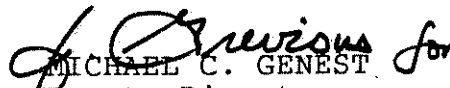
The CWDs are to make one report (see attached) to CDSS on the retroactive portion of the Petrin Court Order. This report is due May 15, 1994, and it will contain the following information:

- (1) the number of claims submitted,
- (2) the number of claims granted in whole or in part,

- (3) the number of claims denied,
- (4) the total amount of dollars by which lump sum POI were reduced.

If you have any questions about the statistical reporting, please call Mr. Levy St Mary at (916) 653-2135. If you have any questions about the Petrin lawsuit or need additional posters, please call Mr. Vincent Toolan at (916) 654-1808 or ATSS 464-1808.

Sincerely,


MICHAEL C. GENEST
Deputy Director
Welfare Programs Division

Attachments

cc: CWDA

Petrin v. Carlson **CLAIM FORM**

NAME _____

AFDC CASE NO. _____

Fill out this form the best you can. You must send it to us by _____. If your claim is late, it will be denied. You got \$_____ of lump-sum money in _____, _____, then we stopped your cash aid on _____ due to the lump sum or we charged you with an overpayment. You couldn't get cash aid from _____ to _____.

1. For the months you want back cash aid, did you spend the lump-sum money on (1) an emergency or (2) a sudden and unusual thing that you could not help or (3) funeral costs?

☐ YES ☐ NO

If "YES":

- a. How much lump-sum money did you spend?
b. How did you spend it?

DATE SPENT	AMOUNT	FOR WHAT
	\$	
	\$	
	\$	

If you had funeral costs, who were they for, how was that person related to you, and what were the costs?

2. List anyone who lived with you anytime in the months you are asking for back cash aid. Include those who moved in or out.

NAME	RELATIONSHIP TO YOU	DATE FROM TO

3. List all property (money in the bank, real estate or personal property, etc.) you had in the months you want back cash aid.

TYPE OF PROPERTY	HOW MUCH
	\$
	\$
	\$
	\$
	\$
	\$

4. List all income (earnings, cash gifts, social security, etc.) other than the lump-sum income you had in the months you want back cash aid.

TYPE OF INCOME	HOW MUCH
	\$
	\$
	\$
	\$
	\$
	\$

5. In the months you want back cash aid, what did you live on?

I declare under penalty of perjury under the laws of the United States of America and the State of California that to the best of my knowledge the facts in this report are true, correct and complete.

SIGNATURE _____

DATE _____

RETURN TO: _____

If you have any questions, call _____

Petrin vs. Carlson FORMULARIO DE RECLAMACION

NOMBRE

Nº DE CASO DE AFDC

Llene este formulario lo mejor que pueda. Tiene que enviárnoslo a más tardar en _____. Si hace la reclamación después de esa fecha, se le negará. Usted recibió una cantidad global de \$ _____ dólares en _____, _____, y después dejamos de darle asistencia monetaria en _____ debido a la cantidad global o le cobramos un pago excesivo. Usted no pudo recibir asistencia monetaria de _____ a _____.

1. Durante los meses para los que quiere asistencia monetaria retroactiva, ¿gastó la cantidad global (1) en una emergencia, (2) en algo inesperado y extraordinario y fuera de su alcance o (3) en gastos funerarios?

☐ SI ☐ NO

Si "SI":

- a. ¿Cuánto gastó de la cantidad global?
b. ¿Cómo lo gastó?

FECHA DEL GASTO	CANTIDAD	EN QUE
	\$	
	\$	
	\$	

Si tuvo gastos funerarios, ¿para quién fueron, cuál era el parentesco entre esa persona y usted, y cuáles fueron los gastos?

2. Anote a cualquier persona que viviera con usted en cualquier momento durante los meses para los que está solicitando asistencia monetaria retroactiva. Incluya a aquéllas que se mudaran a vivir con usted o se fueran del hogar.

NOMBRE	PARENTESCO CON USTED	FECHA DE HASTA

3. Enumere todos los bienes (dinero en el banco, bienes inmuebles o muebles, etc.) que tuvo durante los meses para los que quiere asistencia monetaria retroactiva.

CLASE DE BIENES	CUANTO
	\$
	\$
	\$
	\$
	\$
	\$

4. Enumere todos los otros ingresos (ingresos ganados, regalos monetarios, seguro social, etc.) que recibió, sin contar la cantidad global, durante los meses para los que quiere asistencia monetaria retroactiva.

CLASE DE INGRESOS	CUANTO
	\$
	\$
	\$
	\$
	\$
	\$

5. ¿De qué vivió durante los meses para los que quiere asistencia monetaria?

Declaro bajo pena de perjurio en conformidad con las leyes de los Estados Unidos de América y del Estado de California que los datos que aparecen en este informe son verdaderos, correctos y completos según mi leal saber y entender.

FIRMA

FECHA

DEVUELVA A:

Si tiene alguna pregunta, llame al _____

PETRIN v. CARLSON
WELFARE MAY OWE YOU MONEY

FROM MAY 1989 THROUGH SEPTEMBER 1993:

YES NO

- ☐ ☐ Did you get a lump sum?
- ☐ ☐ Was your cash aid stopped for more than one month or did you get an overpayment because of a lump sum of money?
- ☐ ☐ While you were off cash aid did you have an emergency that you had to spend the lump sum of money on?
- ☐ ☐ Did you ask the County to shorten the time you were off cash aid or did you ask the County to reduce your lump sum overpayment?

If you answered yes to all four questions you may be able to get back cash aid. Ask the County by calling

English

PETRIN v. CARLSON
ES POSIBLE QUE EL DEPARTAMENTO DE BIENESTAR LE DEBA DINERO

ENTRE MAYO DE 1989 Y SEPTIEMBRE DE 1993:

SI NO

- ☐ ☐ ¿Recibió usted una cantidad global de dinero?
- ☐ ☐ ¿Pararon su asistencia monetaria más de un mes, o recibió usted un pago excesivo a causa de una cantidad global de dinero?
- ☐ ☐ ¿Mientras no estaba recibiendo asistencia monetaria, tuvo usted una emergencia en la cual tuvo que gastar la cantidad global de dinero?
- ☐ ☐ ¿Le pidió usted al condado que acortara el tiempo en que no le darían asistencia monetaria, o le pidió al condado que redujera el pago excesivo causado por la cantidad global?

Si contestó sí a las cuatro preguntas, es posible que pueda volver a recibir asistencia monetaria. Pregúntele al condado llamando a _____.

Spanish

PETRIN ជំនាស់នឹង . CARLSON
តើលទ្ធភាពថា ព្រះរាជាណាចក្រកម្ពុជា អាចប្រាក់លើសលុបបានឬ?

ចាប់ពីខែឧសភា 1989 រហូតដល់ខែកញ្ញា 1993 :

បាទ ទេ

- ☐ ☐ តើលោកអ្នកមានបានទទួលប្រាក់ចំណូលទាំងមូលទេ?
- ☐ ☐ តើគេបានបញ្ឈប់ប្រាក់ជំនួយរបស់លោកអ្នកច្រើនជាង១ខែ ឬលោកអ្នកបានទទួលប្រាក់លើសចំនួនដោយសារតែប្រាក់ចំណូលទាំងមូល?
- ☐ ☐ នៅពេលដែលលោកអ្នកទទួលបានប្រាក់ជំនួយ តើលោកអ្នកមានការពិបាកក្នុងការចំណាយប្រាក់ចំណូលទាំងមូលរបស់លោកអ្នកសំរាប់ការពិបាកមានអានុភាពឬ?
- ☐ ☐ តើលោកអ្នកបានសុំឱ្យខណ្ឌបន្ថយពេលវេលាបង់ប្រាក់ជំនួយរបស់លោកអ្នក ឬលោកអ្នកបានសុំឱ្យខណ្ឌបន្ថយចំនួនប្រាក់ទទួលបានដោយសារតែប្រាក់ចំណូលទាំងមូលរបស់លោកអ្នកឬ?

បើសិនជាលោកអ្នកបានឆ្លើយថាបាទទៅនឹងសំណួរទាំងបួននេះ លោកអ្នកប្រហែលជាអាចទទួលបានប្រាក់ជំនួយដែលមិនបានផ្តល់ឱ្យពីមុនមក ។ សូមសាកសួរខណ្ឌដោយទូរស័ព្ទតាមលេខ _____ ។

Cambodian

PETRIN v. CARLSON**福利可能欠你錢**

自1989年5月至1993年9月期間:

是 否

- ☐ ☐ 你得到過一次總付款嗎?
- ☐ ☐ 你的現金補助是否停發了超過一個月, 或者你因為有一次總付款的錢而得到了超額付款?
- ☐ ☐ 在你不再領取福利時, 你會否有過必得化用一次總付款錢額的緊急事件?
- ☐ ☐ 你會否要求郡政府縮短你不再領取現金補助的期限, 或者要求郡政府削減你一次總付款的超額款項?

假如你對所有這四個問題回答是的話, 你也許可以得回現金補助。可以向郡政府詢問, 請打電話_____。

Chinese

Vụ PETRIN Klện CARLSON**TY XÃ HỘI CÓ THỂ CÒN THIẾU QUÝ VỊ TIỀN****TRONG KHOẢNG TỪ THÁNG 5 NĂM 1989 ĐẾN THÁNG 9 NĂM 1993:****CÓ KHÔNG**

- ☐ ☐ Quý vị đã có nhận một khoản tiền lãnh gộp trọn một lần hay không?
- ☐ ☐ Trợ cấp tiền mặt của quý vị đã bị ngưng trên một tháng hoặc quý vị đã được cấp số trợ cấp vì lý do có một khoản tiền lãnh trọn một lần hay không?
- ☐ ☐ Trong khi bị ngưng trợ cấp tiền mặt (vì có khoản tiền lãnh trọn một lần) quý vị đã có gặp một tình trạng khẩn cấp khiến quý vị đã phải tiêu dùng khoản tiền lãnh trọn một lần vào việc khẩn cấp đó hay không?
- ☐ ☐ Quý vị đã có xin Ty Xã Hội rút ngắn thời gian ngưng trợ cấp hoặc quý vị đã có xin Ty Xã Hội giảm bớt số tiền đã được cấp số vì có khoản tiền lãnh trọn một lần của quý vị hay không?

Nếu quý vị trả lời có đối với tất cả bốn câu hỏi nêu trên, quý vị có thể được truy lãnh trợ cấp tiền mặt. Xin hỏi Ty Xã Hội về việc này bằng cách gọi cho _____.

Vietnamese

ກຣະນີ PETRIN ຕໍ່ຕ້ານ CARLSON**ກົມສັງຄົມສົງເຄາະອາດຕິດໝີ່ທ່ານ****ໃນຣະຫວ່າງເດືອນພຶສພາ 1989 ຫາເດືອນກັນຍາ 1993 :****ໄດ້ ບໍ່ໄດ້**

- ☐ ☐ ທ່ານໄດ້ຮັບເງິນເປັນກ່ອນບໍ?
- ☐ ☐ ເງິນຊ່ວຍເຫລືອຂອງທ່ານຖືກຕັດນາມກວ່າເມື່ອເດືອນ ຫລືທ່ານໄດ້ຮັບການຈ່າຍເງິນຊ່ວຍເຫລືອເກີນ ຍ້ອນໄດ້ຮັບເງິນເປັນກ່ອນບໍ?
- ☐ ☐ ໃນຣະຍະທີ່ທ່ານຖືກຕັດເງິນຊ່ວຍເຫລືອນັ້ນ ທ່ານມີເຫດສຸກເສີນທີ່ທ່ານຕ້ອງໄດ້ໄຂ່ຈ່າຍເງິນເປັນກ່ອນນີ້ໄປບໍ?
- ☐ ☐ ທ່ານໄດ້ຮອງຂໍໃຫ້ທາງຄວາມຕິຫລຸດຣະຍະເວລາຖືກຕັດເງິນຊ່ວຍເຫລືອນີ້ໃຫ້ສັ້ນລົງບໍ່ ຫລືທ່ານໄດ້ຮອງຂໍໃຫ້ທາງຄວາມຕິຫລຸດຈຳນວນຊີວິດໃຫ້ເກ່ຍການຈ່າຍເກີນ ຍ້ອນໄດ້ຮັບເງິນເປັນກ່ອນນີ້ບໍ?

ຖ້າທ່ານຫາກຕອບ ໄດ້ ໃສ່ຄຳຕາມທັງສີ່ຂໍ້ນີ້ ທ່ານອາດໄດ້ຮັບເງິນຊ່ວຍເຫລືອຄືນ. ຈົ່ງຊອບຕາມນຳຄວາມຕິ ໂດຍໂທຣະສັນຫາເລກທີ _____.

Lao

NOTICES OF ACTION

Approval

NOA (Petrin at)

The County has approved your claim for back cash aid for some of the month(s) from May 1989 through September 1993. The County has approved your back cash aid for \$ _____.

Here's why:

You didn't get cash aid, or got less than you should have because we counted too much of your lump sum income against your cash aid. When you asked the County to put you back on cash aid, or to shorten your period of ineligibility, the County did not let you count money you had to spend to lower the lump sum. A court says that the County should have counted the money.

Your back cash aid is figured on this notice.

☐ A check will be sent soon.

☐ A check is enclosed

Use NA 200

Denial

NOA (Petrin bt)

The County has denied your Petrin claim for back cash aid dated _____.

Here's why:

☐ Your cash aid was not stopped, lowered or denied for the reason that you got a lump sum.

☐ You did not ask the County to shorten the time you were off cash aid or lower the amount of an overpayment, because of the money you spent.

☐ You did not spend money for things that would lower your lump sum income.

☐ You did not give us your claim form by November 29, 1993.

☐ We gave you extra time, but you did not return a complete claim by _____, and there was no good reason why this was late.

☐ You did not apply for or get cash aid from this County during the period May 1989 through September 1993. The claim must go to

NOTICES OF ACTION

the county where you applied for or got cash aid between May 1989 and September 1993. You must send your claim to the right county by November 29, 1993.

[] We have sent your claim to _____. You will get another notice from them.

Use NA 290

NOA (Petrin ct)

Denial/Request for Information

The County has denied your Petrin claim dated _____ for back cash aid.

Here's why:

The County needs more facts.

Fill in the circled parts of the attached claim form. Send or bring in the completed form by _____.

You can stop this denial if you return the claim form by this date.

Use NA 290

COURT CASE STATISTICAL REPORT

SEND ONE COPY TO:

Department of Social Services
Statistical Services Bureau
744 P Street, M.S. 12-81
Sacramento, CA 95814
(916) 653-4180

PETRIN V. CARLSON

NAME OF COUNTY SUBMITTING REPORT

THIS REPORT IS DUE ON OR BEFORE:

May 15, 1994**THIS REPORT IS:**☐ ORIGINAL SUBMISSION ☐ SUBSEQUENT REPORT NO. _____ ☐ REVISION NO. _____**REPORTING PERIOD:**

FROM: September 1, 1993

TO: January 31, 1994

1. Total number of claims submitted.....
2. Total number of claims granted.....
 - a. Granted in whole.....
 - b. Granted in part.....
3. Total number of cases denied.....
4. Total amount of dollars by which lump sum
period of ineligibility was reduced.....

PERSON TO CONTACT REGARDING THIS REPORT

TELEPHONE NUMBER

DATE

COPY

SUPERIOR COURT OF THE STATE OF CALIFORNIA
COUNTY OF SAN DIEGO

E D
KENNETH E. M...
MAY 12 1993
By: M. MASES Deputy

ANNETTE PETRIN, and WELFARE)
RIGHTS ORGANIZATION OF SAN)
DIEGO on behalf of themselves) Case No. 638381
and all others similarly)
situated,)
Plaintiffs,) STIPULATION FOR JUDGEMENT
v.)
LONNIE CARLSON, in his)
capacity as Director of the)
Department of Social Services,)
Defendant.)

In order to avoid further litigation in this matter, with its attendant delay and expense, the parties to this action have entered into this Stipulation in full and complete settlement.

IT IS HEREBY STIPULATED by and between the parties through the undersigned counsel as follow:

1. Plaintiff Annette Petrin brought suit on behalf of herself and all others similarly situated, challenging the legality under state and federal law of defendant's definition of the circumstances under which the period of ineligibility for receipt for Aid for Families with Dependent Children ("AFDC") could be shortened as a result of the receipt of lump sum income as set forth in Section 44-207.443 of the state regulations.

CLASS ACTION

2. For the purposes of Stipulation, the class is defined as: All persons who were terminated from the Aid to Families with Dependent Children program ("AFDC") or were assessed

1 an overpayment which was due to a period of ineligibility
2 assigned as the result of receipt of a lump sum, from a date
3 one year retroactive to the date of filing of this complaint
4 to the date of the filing of this Stipulation, who would be
5 eligible to have the period of ineligibility reduced because
6 the lump sum funds became unavailable to the family for a
7 reason beyond its control within the proper meaning of
8 governing federal and state law.

9
10 Prospective Relief

11 3. To the extent permitted by Federal Law, reimbursable by
12 federal financial participation, and approvable as state plan
13 material, defendant shall implement the policies set forth in
14 Attachment "A". Defendant shall utilize its best efforts to
15 issue an All County Letter (ACL) within 120 days of the entry
16 of this Stipulation which shall require the counties to apply
17 the principles set forth in Attachment "A".

18 4. Defendants shall utilize its best efforts to adopt
19 regulations pursuant to the Administrative Procedure Act which
20 conform to the policies set forth in Attachment "A", paragraph
21 1, within 12 months of the entry of this Stipulation.

22 Retroactive Relief

23 5. Defendant will attempt to notice persons who were
24 terminated from the AFDC program due to establishment of a
25 period of ineligibility based on receipt of a lump sum from May
26 31, 1990 through the date of the issuance of the All County
27 Letter. For those counties which have the ability to identify
persons who were terminated from the AFDC program due to
establishment of a period of ineligibility based on receipt of
a lump sum from May 31, 1990 through the date of the issuance

//

1 of the All County Letter through existing computer systems,
2 those counties shall send the Informing Notice (IN) to the
3 identified persons. For those counties which do not have the
4 ability to identify class members through use of existing
5 computer systems, those counties shall post in a conspicuous
6 location within all county welfare offices and Food Stamp
7 outlets a poster which contains all of the IN information.
8 Attorneys for Plaintiffs shall be given an opportunity to
9 comment on the IN prior to its issuance.

10 6. The IN will be available in English, Spanish, Vietnamese,
11 Laotian, Chinese and Cambodian. The claim form will contain a
12 statement that it is to be signed under penalty of perjury.
13 The poster will be in English and Spanish with bullets in
14 Vietnamese, Laotian, Chinese and Cambodian. Upon Plaintiff's
15 request and submission to the Department of address labels, the
16 Department shall mail no more than 300 additional posters to
17 the addresses submitted by Plaintiffs.

18 7. Potential claimants shall have a 90 day claim period. The
19 posters and the IN shall distinctly display the date beyond
20 which claims shall not be accepted.

21 8. Upon receipt of a claim, the county shall determine if the
22 claimant had inquired about or requested a shortening of the
23 period of ineligibility and/or overpayment. If the claimant
24 had so inquired or requested, the county shall reevaluate the
25 claim under the revised policies. The county shall deny the
26 claim where there is no evidence that the claimant either
27 inquired about or requested a shortening of the period of

1 ineligibility. The absence of documentation in the claimant's
2 AFDC file of the claimant having inquired about or requested a
3 reduction of the period of ineligibility shall create a
4 rebuttable presumption that the claimant did not inquire about
5 or request a reduction in the period of ineligibility. The
6 county shall deny the claim where it determines that the
7 reduction in question was granted in its entirety. The county
8 shall deny all claims filed after the filing deadline without
9 good cause as set forth in Regulation Section 40-181.233.

10 9. Counties shall issue a Notice of Action informing each
11 claimant of its decision to grant or deny the claim no later
12 than 60 days from the date the completed claim is received. In
13 cases where the claim form is too incomplete to process, the
14 county shall send claimant a NOA requesting the missing items
15 within 30 days from receipt of the claim. The claimant shall
16 have 30 days from the receipt of the county request to provide
17 the additional information.

18 10. Where the county grants the claim and determines that an
19 underpayment exists, the county shall mail to the claimant the
20 amount of the underpayment no later than the last day of the
21 month following the month in which the claim was granted. Any
22 Notice of Action sent to deny the claim will inform the
23 claimant of their right to request a fair hearing to dispute
24 the county's action.

25 Monitoring

26 11. Defendant shall make one report concerning the retroactive
27 benefits. This report shall be transmitted to plaintiffs'

1 counsel no later than 180 days from the close of the claim
2 period. The report shall contain the following information,
3 for each county:

- 4 a. The number of claims
- 5 b. The number of claims granted in whole or in part
- 6 c. The number of claims denied
- 7 d. For granted claims, the total amount of money by
8 which the lump sum was reduced.

9 INDIVIDUAL RELIEF

10 12. Defendant agrees to reduce the amount of the overpayment
11 assessed plaintiff Petrin by the sum of Six Thousand Two
12 Hundred and Fifty dollars (6,250), leaving an overpayment
13 amount balance of Two Thousand Five Hundred dollars (\$2500).

14 FEES

15 13. Defendant shall pay to plaintiffs attorneys fees in the
16 amount of \$15,000.

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1 SCOPE OF THE JUDGEMENT

2 14. This judgement adjudicates only the issue of the
3 Department of Social Services' criteria for shortening the lump
4 sum period of ineligibility when a lump sum is unavailable for
5 reasons beyond the control of the recipient which are set forth
6 in Attachment "A". This matter does not adjudicate or settle
7 in any way, expressly or by implication, any other issues that
8 were raised or could have been raised in the pleadings or
9 litigation of this case. *Disposes of entire action.*

10
11
12 IT IS AGREED

13
14 5/3/93
15 Date

Anson B. Levitan
ANSON B. LEVITAN
Legal Aid Society
of San Diego, Inc.
Attorney for Plaintiffs

16
17
18
19 5-4-93
Date

Don E. Lungren
DANIEL E. LUNGREN
Attorney General

DON COLE
Deputy Attorney General
Attorney for Defendant

20
21
22
23
24 IT IS SO ORDERED:

25 MAY 11 1993
Date

ANTHONY C. JOSEPH

ANTHONY C. JOSEPH
Superior Court Judge

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27 //

ATTACHMENT "A"

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3 1. The period of ineligibility which has been
4 established for an assistance unit who has received lump-sum
5 income shall be reduced where all or part of the lump sum is
6 spent on reasonable and necessary funeral expenses for an
7 assistance unit member, or any person who is identified in the
8 Degree of Relatedness provisions specified in Regulation
9 Section 82-808.11, who resided with the assistance unit within
10 90 days of such person's death.
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12 2. Acceptable situations where lump sum becomes
13 unavailable shall include sudden and unusual circumstances
14 beyond the control of the assistance unit that are not of a
15 life threatening nature.
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